## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DEPT

	PLACE OF DEATH O. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (Who o STATE Mary.	lere deceased lived, if institution Reside Land b. COUNTY Door	rchester		
	b. CITY OR TOWN (If outside corporate limits, RWITE RURAL and give neorest town) RURAL—Cambridge US Rt.50	Minutes		ide corporate limits, write RURAL and giv -Andrews	ve neorest town)		
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give DOA Cambridge Maryland Hosp		d STREET ADDRESS None		e IS RESIDENCE ON A FARM? YES NO		
	NAME OF First DECEASED DOROTHY (Type or print)	Middle WILSE AB	BOTT 4	4 DATE Month OF Sept. 3	Doy Year 19 66		
	SEX 6. COLOR OR RACE 7. MARRIED X Cemale White WIDOWED		Sept. 1, 1916	9 AGE (In years IF UNDER Months Yrs.	Doys Hours Min.		
10o		of Business or TRY ctronics	Dorchester		DUNTRY? USA		
13.	James Robbins		14. MOTHER'S MAIDEN NAM Minnie Ha				
15. (Ye			NFORMANT Winnie Abbo	ott, Andrews, Marj	land		
	IB. CAUSE OF DEATH (Enter only one couse per line for (o), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Shock DUE TO	(b), ond (c).)			INTERVAL BETWEEN ONSET AND DEATH 3 Omin		
	Conditions, if ony, which gove ) (b) Partial avulsion of left upper extremity with						
	rise to immediate cause (o), stating the underlying cause last.    DUE TO lacer	rn axillary veddel	30min.				
CATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D  Multiple contusions, lacer				19. WAS AUTOPSY PERFORMED? YES NO		
CERTIF	206. EXTERNAL CAUSE WAS 206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED. [Easer nature of injury in Port I of Port II of Item IB.) 207. TIME OF INJURY Month, Doy, Yeor 408. TIME OF INJURY Month, Doy, Yeor 409. PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.) 208. PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.) 209. PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.) 209. PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.) 200. EXTERNAL CAUSE WAS 200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED. [Easer nature of injury in Port I of Item IB.) 200. DESCRIBE HOW INJURY OCCURRED. [Easer nature of injury in Port I of Item IB.) 200. DESCRIBE HOW INJURY OCCURRED. [Easer nature of injury in Port I of Item IB.) 200. DESCRIBE HOW INJURY OCCURRED. [Easer nature of injury in Port I of Item IB.) 200. DESCRIBE HOW INJURY OCCURRED. [Easer nature of injury in Port I of Item IB.) 200. DESCRIBE HOW INJURY OCCURRED. [Easer nature of injury in Port I of Item IB.) 200. DESCRIBE HOW INJURY OCCURRED. [Easer nature of injury in Port I of Item IB.) 200. DESCRIBE HOW INJURY OCCURRED. [Easer nature of injury in Port I of Item IB.) 200. DESCRIBE HOW INJURY OCCURRED. [Easer nature of injury in Port I of Item IB.) 200. DESCRIBE HOW INJURY OCCURRED. [Easer nature of injury in Port I of Item IB.) 200. DESCRIBE HOW INJURY OCCURRED. [Easer nature of injury in Port I of Item IB.) 200. DESCRIBE HOW INJURY OCCURRED. [Easer nature of injury in Port I of Item IB.) 200. DESCRIBE HOW INJURY OCCURRED. [Easer nature of injury in Port I of Port II of Item IB.) 200. DESCRIBE HOW INJURY OCCURRED. [Easer nature of injury in Port I of Item IB.) 200. DESCRIBE HOW INJURY OCCURRED. [Easer nature of injury in Port I of Port II of Item IB.) 200. DESCRIBE HOW INJURY OCCURRED. [Easer nature of injury in Port I of Item IB.) 200. DESCRIBE HOW INJURY OCCURRED. [Easer nature of injury i						
MEDICAL							
1	21. I certify that I taak charge of the remaindenth resulted from: Natural causes,	ns described abave, he		Inspection , Inquiry ,	and in my apinian		
	ACTUAL SIGNATURE CONFID Por home.		CHIEF MEDICAL EX.	KAMINER	22. DATE SIGNED		
	EXAMINER'S NAME (Type) Alfred R. Maryanov	, M. D.		EXAMINER (X)	9/6/66		
230	Burial (Remation, Sep. 7, 1966	3c. NAME OF CEMETERY OR C Sandy Island	Cemetery	23d. LOCATION (City or Town) Andrews, Dor. Co			
	n FUNERAL DIRECTOR DeCompte Funeral Service, Ca	ADDRESS mbridge, Mary		EP 9 1956 RCL	SIGNATURE Confee		

d within 24 hours arren wever. 1, 2, and 3 to in pencil in Item 18. Give Pages 1, 2, and 3 to in pencil in Item 18. Give with form PM3. Page any delay is pages 1 and 2 with the State Department of **© FUNERAL DIRECTOR:** Page 3 should be used as a buriol-transit (chain Tile pages 1 and 2 with the State Department of Health or its designated agent, prior to buriol, cremation, ar removal and in any event within 72 haurs ofter death. necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form This certificate should be executed within 24 hours after death 9 buriol-tronsit TO FUNERAL DIRECTOR: Page 3 should be used as a TO DEPUTY MESTAL EXAMINER: 5 may be retained far your files.

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any delay is

in pencil in Item 18. Give Poges 1, 2, and 3 ta

TO DEPUTY MES. AL EXAMINER: This certificate should be executed within 24 hours ofter death. If

necessary, please execute the certificate, writing the word

P.M.3. Poge with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours ofter death. Office along with form 10 Segod necessary, please execute the certificate, writing the word "pending" in pencil in the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's. File 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1258	U	MEDICAL	EXAMINE	K.2 (	EKTIFICATE O	PUEATH		1267	74
PLACE OF DEATH	rchester		MARYLAN	D	2. USUAL RESIDENCE (W. o. STATE Mary		ved, if institutio b. COUNT		efore odmission) nester
	(If outside corporate limits id give nearest town) ge	, c. LENG	Tife	b	c. CITY OR TOWN (If our Cambri		mits, write RURA	IL and give nec	09-1
d NAME OF HOSPI	TAL OR INSTITUTION (If no ars! Belve	t in hospitol, give street dere Avenue	oddress)		d STREET ADDRESS 103 Bel	vedere	Avenue		e, IS RESIDENCE ON A FARM? YES NO KX
3. NAME OF DECEASED (Type or print)	JOH	n T.	Middle A	DAM		4. DATE OF DEATH		tember	
Male	6 COLOR OR RACE White	WIDOWED	OIVORCED		pril 29, 19	05 10	SE (In years st birthdoy) 61 yrs	Months Day	
IDo. USUAL OCCUPATIO during most of working rierchant	N (Give kind of work done like even if setred) —Re Gall	Recure			11. BIRTHPLACE (Stone of Cambridge	, Maryl		12. CITIZEN COUNTR	
13. FATHER'S NAME	George W.				Trepheni				
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dotes of	service) 16. SOCIAL SE	CHUICH TOTAL		formant s. John T.	Adams,	Address Cambrid		ryland
Conditions, if on rise to immedia stating the undilast	te cause (o), DUE	TO (b)TO (c)	ary occ		11.				onset and offith Instant
CATIO	IGNIFICANT CONDITIONS CO								19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL C PRIMARY Or CO CAUSE OF DEATH.		20b_ DESCRIBE HO	OW INJURY OCCUR	RREO, (E	nter nature of injury in P	ort I or Port II (	it item 18.)		
E Hour o	URY Month, Doy, Yeor m. 19	2Dd. INJURY OCC While No of wark of			OF (NJURY (Home, form, y, street, office bldg., etc.)		ty or town)	(County)	(Stote)
ACTUAL SIGNATURE EXAMINER'S NAME (Type) 230. BURIAL, CREMATI		er. M.J	cident [],	Suicid Y OR CR	e , Hamicide CHIEF MEDICAL I M.O. ASSISTANT MEDI DEPUTY MEDICAL Address (Street,	CAL EXAMINER City, town, or a	termined man	976/6 bridge	e. Md. nty) (State)
BUTTAL Specif	OR		ADORESS		emorial Parl	Camb:		Marylan ISTRAR'S SIGNA	
	Funeral Sen	vice. Camb	ridge,	Mary	rland our co		000 0	11. 1.	0

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Pages 1 urs after the Dorchester MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Metely filled in by arrival papers. Page 4, within 72 hours a hours Mardela (Athol) Hurlock d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Belle Haven Nursing Home Rt. #1 NO YES within NAME OF First Middle Last DATE Month Day Year DECEASED r and comple remove carb n any event, 1966 (Type or print) RACHEL ANN BATLEY September DEATH executed 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED ACE (In years | IF UNDER 1 YEAR IFUNDER 24 HRS NEVER MARRIED last birthday) Months ! Hours 1 Min. Female White 29.1880 WIDOWED X 10a. USUAL OCCUPATION (Cive kind of workdone during most of working life, even if retired) INDUSTRY ling physician Then please r .⊆ 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be COUNTRY? and Housewife at home Athol, Maryland removal, 13. FATHER'S NAME 14. MOTHER'S MAIGEN NAME Daniel Lloyd Maria Jackson he attendir permit. Ti 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. death 0 (Yes, no, or unknwn) | (If yes give war or dates of service) Mrs. Herman W. Majors (Daughter) been signed by the att the burial-transit permit or to burial, cremation, o Rt. #1. Mardela. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the ONSET AND DEATH PART I. OEATH WAS CAUSED BY: attending physician. Carriec Decomne cation IMMEDIATE CAUSE (a) DUE TO Arts insclera Conditions, If any, which Caronary 10 V . 8 (b) rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. Genr 25 vrs (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detained for use a te Dept. of Health p 19. WAS AUTOPSY PERFORMED? 5 YES NO TY PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 1B.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a,m. After While Not While at work at work DIRECTOR: Af retained 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last to. saw the deceased affive on. 19. and that death occurred at M, from the causes and on the date stated above. 22a. SIGNATURE 22h. DATE SIGNED o FUNERAL DIRE director, page 3 should be filed w ATTENDING STAFF 1966 Sept. DIRECTOR PHYS. Page 4 may PHYSICIAN'S 22d. **ADORESS** NAME (Type) H. B. Plummer Preston. Maryland 23b. DATE THEREOF BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 REMOVAL (Specify) Sept. 20.1966 Mardela, Marylano buria. Mardela Cemetery 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE SALISHURY, MARYLAND HOLLOWAY & COMPANY. VR A15 (4)

20M 1/65

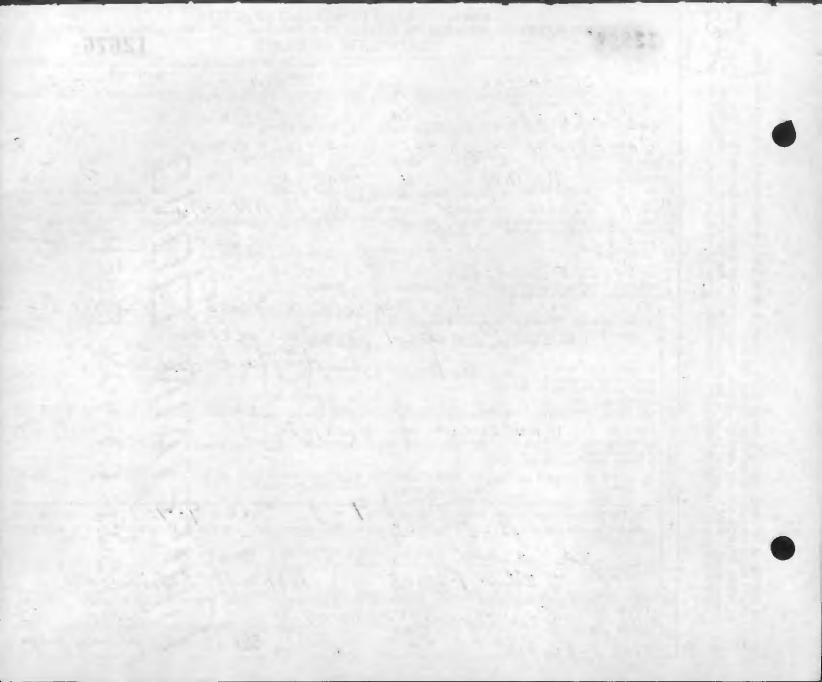
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funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. Sand 2 PLACE DE DEATH TO FUNERAL DIRECTOR: After this certificate has been signed by the attending bysician and completely filled in by the f director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after

DIVISION OF STATIS	MARYLAND STATE DEPARTMENT OF HEALTH CAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12676	
ACE DF DEATH	11 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admissing	on)

1		a. COUNTY DORCHESTER MARYLAND	a. STATE MARY/AND b. COUNTY TAI	bot				
		b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)				
		CAMBRIDE, o. Ca.	OXFORD	30.3				
		d. NAME DF HOSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
3		CAMBRIDGE HOSPHITAL	STEWART AYENUE	YES ND				
	3.	NAME DF DECEASED (Type or print)  WIIIAM  H. BA	ENSTON DEATH 9	1966				
	5.	SEX 6. COLDR DR RAGE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   FUNDER 1 YEAR  No. / 10 / 10 / 10   Months   Days					
	11	1A/E CO/ORED   WIDDWED D DIVDRCED ]	11081 19 1891 75 yrs.					
		a. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)    REFIRES DR   100	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZE COUNTI	N DF WHAT				
	13.		14. MOTHER'S MAIDEN NAME					
		GEORGE ISENSTON	MARY E.					
	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITYNO. 17. 17. (If yes give war or dates of service) 220-03-3834	Sphital Records CAMBRIDE	E Md				
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]		TERVAL BETWEEN				
		PART J. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) REDIAN VA	scepter person					
	+200 DUE TO of la the test due							
		gave rise to Immediate (b)	The state of the s					
		cause (a), stating the DUE TO						
	NO	underlying cause last. (c)  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 6 UT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 15	. WAS AUTDPSY				
0	CATI	0 4 0 - 1/1	1 12	PERFORMED?				
	CERTIFICATION		RRED. (Enter nature of injury in Part I or Part II of Item 18.)					
			CE OF INJURY (Home, farm,   2Df. (City or town) (County)	(State)				
	MEDICAL		ry, street, office bldg., etc.)	(01000)				
		21. I certify that (I) (this hospital) attended the deceased from	- 3 , 1965 to 4-17-, 1966,	that (I) (we) last				
			death occurred atM, from the causes and on the day					
		22a. SIGNATURE M.D.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNED				
1		22c. PHYSICIAN'S NAME (Pype) J. Edwin Frisett	121 Pise St Ophinge A	16,				
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) (State)							
3		Bural 19-10-66 (077) SCEFA		MATURE				
10	-	TO WAS R WOOD AND ADDRESS	25a. REG'D BY REGISTRAR 25b. REGISTRAR'S SIC	as Judge				
12		AHMES B. Washill Oltofon, Ph	A DATE SET 1	0 0				

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1	MARYLAND STATE DEPARTM DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W.	PRESTON STREET BALTIMORE 1 MARYLAND
		DEATH 19677
d in by the funeral result.  Is. Pages 1 and 2.  hours after death.	- PDIMIT	AL RESIDENCE (Where deceased lived, If institution: Residence before admission
e 1 e	a. CDUNTY Dorchester MARYLAND a. ST	Maryland b. CDUNTY Dorchester
by the f Pages 1 urs after	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY II	DR TOWN (If outside corporate limits, write RURAL and give nearest town
in by Pag	Cambridge 40 Years	Cambridge
ed i ers.	d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address)   d. STREE	ET ADDRESS 9. IS RESIDENC ON A FARM?
pletely filled arbon papers it, within 72 i	Cambridge-Maryland Hospital	400 Robbins Street YES NO X
completely filled ve carbon papers, event, within 72 h	3. NAME DF First Middle La DECEASED	DF
remove carl a any event,	(Type or print) William Thomas Blood	sworth DEATH Sept. 21, 1966 19
and in any eve	7. MARRIED TO MEYER MARRIED	F BIRTH 9. AGE (In years   IFUNDER 1 YEAR   IF UNDER 24 HR
		8, 1897 68 yrs. THPLACE (County & State, or foreign country)   12. CITIZEN DF WHAT
	during most of working life, even if retired) INDUSTRY	COUNTRY?
	Waterman self employed Wi	ngate. Dorchester Co., U.S.
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SDCIAL SECURITY NO.   17. INFORMAN	ebe Lewis Address On Dalaine
	(Yes, no, or unkown) ((1) yes give war or dates of service)	Autrest 100 Robbins S
cremation,	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	eda M. Bloodsworth, Cambridge, Mc
Le III	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Carly Carlot	DISET AND DEATH
	DUE TO	
	Conditions, If any, which \ (b)	
	gave rise to Immediate cause (a), stating the DUE TD	
	underlying cause last. (c)	
	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE	PERFORMED?
	20b. DESCRIBE HOW INJURY OCCURRED. (En	YES ND 6/
	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE  ZDA. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Ent. B) CRUSE DE DEATH  GIF EITHER, NOTIFY MEDICAL EXAMINER)	ter mature or myery in rait i or rait ii or item 10.
		URY (Home, farm,   20f, (City or town) (County) (State)
	Hour a.m.   While   Not While   factory, street, o	
	2/ -	/66, 19 to 7/21/6619 that (I) (we) las
	21. I certify that (!) (this hospital) attended the deceased from saw the deceased alive on 196, and that death oc	courred ap : 3 M, from the causes and on the date stated above
	228. SIGNATURE	22b. DATE SIGNED
	awen Mangaret M.D. PHYS.	
	22c, PHYSICIAN'S NAME (Type)	ADDRESS 12 52 14 Carbode PM
	TIMICACO ILIA, ANDER C	of Mill II Camering your
	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREM.	
	Rurial Sept. 23, 1966 Dorchester Me	1252, RECD BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
1	Security Louis Cambridge, Md.	CEDAR 1000 MML 1 A
1	The state of the s	DATE DET 40 1300 march Judge
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1 (8.0	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	12678 CERTIFICATE OF DEATH 12678	
rr deoth funeral 1 and er deoth	1 PLACE OF DEATH a COUNTY Derchester  MARYLAND  2 USUAL RESIDENCE (Where deceased lived if mist but on Revidence before admission) b. COUNTY CAroline	w
ours after by the Pages	b CITY OR TOWN If a viside corporate limits, write RURAL and give nearest town)  WILE RURAL and give nearest town)  WILE A PROBLEM OF INSTITUTION If not in nasoritor a verticest address)  I d STREET ADDRESS  Let STEP ADDRESS  Le	
nin 24 ho filled in I papers thin 72 ho	Eastern Shore State Hospital	M2
ecuted withi completely fi ove carbon grevent, with	3 NAME OF DECEASED TYPE OF PORT OF DEATH SEPT. Day Year DEATH SEPT. 29 19 (5) SEX 6 COLOR OR RACE 7 MARRED NEVER MARRED 8 DATE OF BRTH 9. AGE 1 YEAR 1F UNDER 7.	1 HRS
ond complete remove cart	MALE Negro WDOWED D DYORCED C9-05-06 lost b'ethady) Months Days Haurs	Min
irt ficate be ex physician ond en pleose rem oval, ond jarun	during most of working life, even Metired) INDUSTRY South Carolina COUNTRY? U.S.f.	1.
th cert ficaling physical control of the property of the prope	Paint Borner Evaluright	
ie death ce attending   permit. The	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (Iff yes give wor or dates of serv ce) UNKNOWN EASTERN Shore State Hospital	
not the y the c ynsit pe	PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  BY CHU NEW M WY. A  ONSET AND DEAT  ONSET AND DEAT  ONSET AND DEAT	EN L
The low regures that the death cert ficate be executed within ottending physician. The been signed by the attending physician and completely fillings os the burial-transit permit. Then please remove carbon positive burial, cremation, ar removal, and jarung-event, within the prior to burial, cremation, ar removal, and jarung-event, within	Canditions, if any, which gave (b)  Canditions, if any, which gave (b)  DUE TO  LE Cor L  Lacy  DUE TO  DUE TO	1
le low re thending os been a os the b prior to b	istaling the underlying couse (c)	V
AN: The ol or otte icote hos for use o Health pu		,
三点 平っち	PERFORMED  YES ON ACCIDENT WAS UNDERLYING OF OR CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)	
DING PHYSI by the host for this cel be detache State Dept.	20c. TIME OF INJURY Manth, Day, Year Haur a m.  Pm. 19 While at work at work 19 at work	re)
ATTENDING etoined by th CTOR: After t should be di	21   certify that (I) (this haspital) attended the deceased from 1-23, 1966, to 4-24, 1966 that (I) (we sow the deceased alive on 50) terms (2) 1966, and that death occurred at 1205 M, from causes and on the date stated at	e) lo Ibov
OR Al be reto DIRECT Je 3 sh	220 SIGNATURE CARLY F BULLOU MD ATTENDING MED DIRECTOR STAFF 226. DATE SIGNED 4-29-66	
TO HOSPITAL OR ATTENDING Poge 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be a should be filed with the State	22c PHYSICIANS (ARLOS F BIARRUSU ESSHOSPITAL Combinage Dorches)	1
TO HO Poge TO FUL direct	230 BURIAL, CREMATION, 23b DATE THEREOF 23 NAME OF CEMETERY OR CREMATORY 723d, LOCATION (City or Jown) (County) (State Superior) Cot 3 1966 County Man Vicio Datement	il.
VR A15 (4) 20 M 1/66	24 PONERAL DIRECTOR 250. RECIDENTARY SIGNATURE 2	Proph



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 PLACE OF DEATH 2 US. AL RESIDENCE (Where deceased lived of institit o. COUNTY. Deportment of and 2 with the Stote Deportment of givent within 72 hours after death CITY OR TOWN I stade orporate bit its write RURAL and give search to w LENGTH OF STAY IN 6 write RURAL and give nearest town 1 NAME OF HOSPITAL OR INCLUSION AND IN PROMISE Property of the NO. in pencil in Item 18 Give Pages along with 3 NAME OF 4 DATE DECEASED Type or print OF C 7 MARR ED NEVER MARRIED DIVORCED Office . A. PATION 3 vek daf + aka no OF KIND OF BUSINESS OR 12 CIZEN OF WHAT BIRTHPLATE State or fureign or intry during fwork, gife ever if retired) INFUSTRY COUNTRY? TINKNOU! NNSWIUUN Exominer s 13 FATHER'S NAME 16 SOCIAL SECURITY NO (Yes, no grynknown) ((If yes give war or dotes of service) Chief Med.cal or remayal, UNKNULL'N 18 CAUSE OF DEATH Enter only the course per line for up (b) and (r) ONSET AND DEATH PART I DEATH WAS CAUSED BY " YE HATE CAUSE FOR please execute the certificate, writing the word burial, crematian, DUE TO forworded ta the Conditions to which gave rse to immed ofe couse (o) 0 stoting the underlying couse PART II OTHER SIGN FIGHT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO be 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18') prior 3 should PRIMARY LLOT CONTRIBUTING CAUSE OF DEATH agent, 20c ME OF INJURY Month, Doy Year 20d NURY OFFURRED (City or town) (County) Not While street office-bidg etc. your Hour om FUNERAL DIRECTOR: Page 5 may be retoined for you **TO FUNERAL DIRECTOR:** Page Health or its designated a 21 I certify that I took charge of the remains described above held on Autopsy nspection 🗶 and in my opinion the funeral director deoth resulted from Notural causes Accident Suicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER . SIG NATURE necessory, DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) NAME (Type) 250 RECO BY REGISTRAR 24 BLNERAL D RECION YR A15ME (5) 6M 1/66



15M 4-64

FUNERAL DURECTUR DATE

e. IS RESIDENCE ON A FARM? NO -

Hours

ONSET AND DEATH.

19. WAS AUTOPSY PERFORMED?

(County)

DATE SIGNED

NO

(State)

Day

Days

12.3CIZIZEN-QF WHA



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE by the funeral Pages 1 and 2 urs after death. hours after death. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY Dorchester a. STATE Maryland b. COUNTY Dorchester been signed by the attending physician and completely filled in by the 1 the brial-transit permit. They please remove carbon papers. Pages 1 to Lurial, cremation, or temoval, and in any event, within 72 hours after MARYLANO CITY OR TOWN (if outside corporate l'mits, write RURAL and give nearest town) c. CITY DR IDWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Hurlock Cambridge 14 davs d. STREET ADORESS R.F.D. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e, IS RESIDENCE ON A FARM? Cambridge-Maryland Hospital YES NO executed within 3. NAME DE Middle. Last DATE Year DECEASED William Martin Corkran 21 September (Type or print) **OEATH** 66 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months June 22, 1873 Hours Male White 93 WIDDWED IX 1Da. USUAL OCCUPAT. ON (Give kind of work done 10b. KIND OF BUSINESS OR 12, CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) | The law requires that the death certificate be Retired Merchant and Filling St COUNTRY? tation Operator Dorchester Co. .Md 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Mollie Harper Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOC, AL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 219-36-5000 W. Carl Corkran, Hurlock, Maryland INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) WEL TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that to Page 4 may be retained by the hospital or attending physician. OUE TO Pyelonephritis Conditions, if any, which (b) gave rise to immediate as the riou to OUE TO cause (a), stating the underlying cause last. this certificate has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health PERFORMED? YES [ NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 1) of Item 18.) FUNERAL DIRECTOR: After this certiliector, page 3 should be detached thould be filed with the State Dept. of MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 900 21. I certify that (I) (this haspital) attended the deceased from. saw the deceased alive on 3 and that death occurred at \_M, from the causes and on the date stated above. 22a. SIGNATURE 22b. OATE SIGNEO PHYS. DIRECTOR PHYS. M.O. PHYSICIAN'S AOURESS director, p NAME (Type) 23a. BURIAL, CREMATION.! DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 2 Sept. 23, 1966 Washington Cemetery Hurlock, Maryland FUNERAL DIRECTOR 25a. REC'O BY REGISTRAR REGISTRAR'S SIGNATURE Frampton and Son, Federalsburg, Maryland VR A15 (4) heme. DATE 15M 4-64

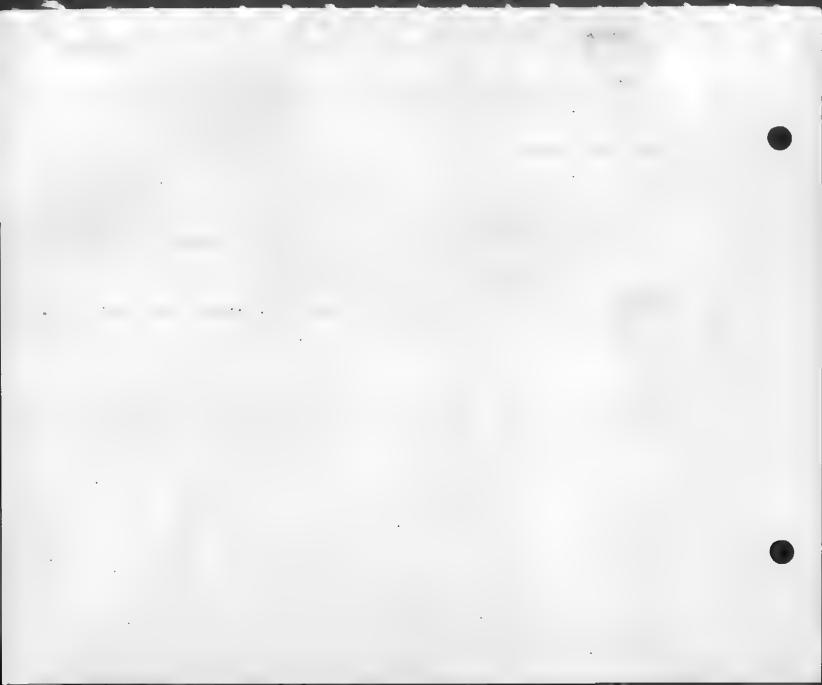


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and infany event, within 72 nours after dealt.

VR #15 (4) 20M 1/65

		MARYLAND STATE DEP	ARTMENT OF	HEALTH		
,	. DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON	N STREET,	BALTIMORE 1,	MARYLAND
	a. C '' X	CERTIFICATE	OF DEATH			2682
-						- 1.2 J

1. PLACE OF DEATH albounty DORCHESTER MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY SOME DOCUMENT					
b. C. TY OR TOWN (if outside corporate imits, c. LENGTH OF STAY IN 1b	CRISFIELD / 7					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  6. IS RESIDENCE ON A FARM?					
EASTERN-SHORE-STATE-HOSPITAL	HALL HIGHWAY YES NO 1					
3. NAME OF First D CROCKE	Last 4. DATE Month Day Year					
(Type or print)	DEATH 9- 23' 19 66					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Instrument   Instrument					
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT					
during most of working life, even if retired)  WATERMAN  Sea food	SOMERSET) MERYLAND COUNTRY?					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
JOSEPH-CROCKETT	EMILY ? Webster					
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address					
Nowakovi/ None 216-72-0997	RECORDS OF EASTERN SHORE STATE HOSP.					
18. CALSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) John Mch	m for a					
47 X DUE TO						
Conditions, If any, which (b)						
gave rise to immediate (						
underlying cover leet						
¥ (4 11 + )	PERFORMED?					
200 ACCIDENT WAS HADERLYING TO 1 200 DESCRIPE HOW INVERY OCCUR	PRED (Enter nature of Injury In Part Lor Part II of Hear 19)					
G OR CONTRIBUTING CAUSE OF DEATH	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)					
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)					
Hour a.m.  p.m.  19 While Not While at work	ry, street, office bldg., etc.)					
	2 / 2 20 / A Shahell (wa) land					
21. I certify that (I) (this hospital) attended the deceased from	7 2 , 19 to 5 , 19 to that m (we) last					
saw the deceased alive on 1966, and that	death occurred at M, from the causes and on the date stated above.					
1 de tit	ATTENDING MED. STAFF C (2 2//					
M.D. Mysicianis	PHYS.   DIRECTOR PHYS.   ) / - 5 6 9					
PHYSICIANS NAME (Type) James F. Smith, M. D.	Cambridge, Md.					
23a. BUR.A., CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or county) (State)					
Burial Sept 26, 1966 Sunnyridge Ce	metery Crisfield, Md.					
24. FUNERAL DIRECTOR AQURESS	25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE					
Bradshaw & Sons, Crisfield, Md. 21817						
bradslaw & bons, orrestrotte, rue kloli	DATE					



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-trans't permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

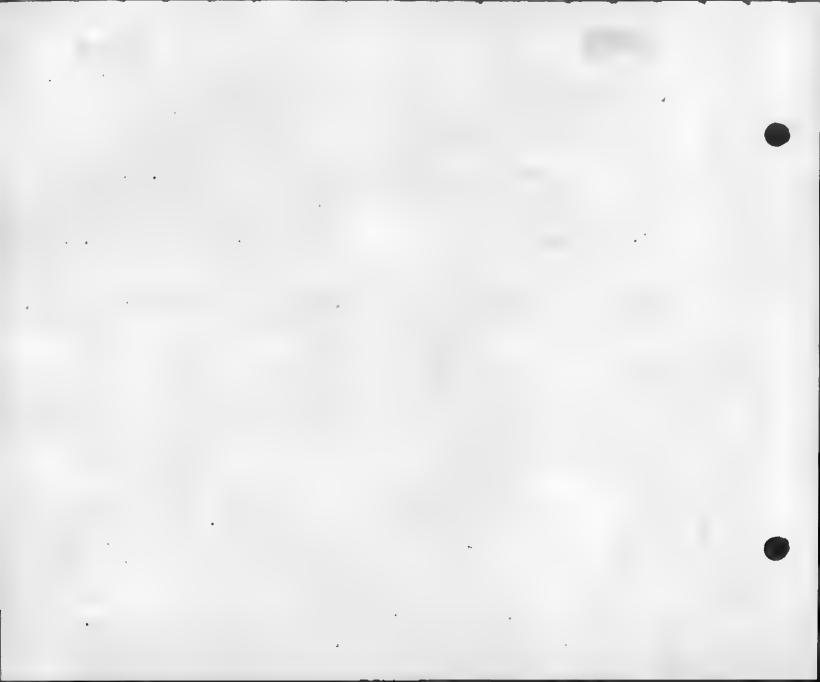
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12689
CERTIFICATE OF DEATH
12683

1. PLACE OF DEATH a. COUNTY Dorchester	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Porchester
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Cambridge  MARYLAND  c. LENGTH OF STAY IN 1b  Life	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cambridge
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Cambridge Maryland Hospital	d. STREET ADDRESS  7.38 Bayly Road  6. IS RESIDENCE ON A FARM?
0221222 2 2250 2223 2223 2223	TES NO ES
3. NAME OF First Middle DCCEASED (Type or print) ROXIE JUNE DALRYM	200 TO 13 OF
Female White WIDOWED DIVORCED	April 5, 123 9. AGE (in years   IF UNDER 1 YEAR   IF UNDER 24 HRS. Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWITE  10b. KIND OF BUSINESS OR INDUSTRY	Cambridge, Maryland 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Oliver Newcomb	Nannie Bell
	ter A. Dalrymple, Jr., Cambridge. Md.
Cenditions, If any, which ) DUE TO (Cenditions, If any, which )	Thirth lung 2-years
gave rise to immediate cause (a), stating the underlying cause last.  OUE TO  (c)	hietastise's
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PROPERTY OF	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
	RRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC Hour a.m. While Not While factor p.m. 19 at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	death occurred at 3 P M, from the causes and on the date stated above.
22c. PHYSICIAN'S / M.D	ATTENDING DIRECTOR STAFF 12-7547 66
NAME (Type) LOWIS MI LOUIS ME	661 Lioust ST, Carridge, Ald
Burial Sept 28 1966 Dorchester Me	emorial Park Cambridge, Maryland
LeCompte Funeral Service, Cambridge, Mar	yland   25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE

VR #15 (4) 20M 1/65



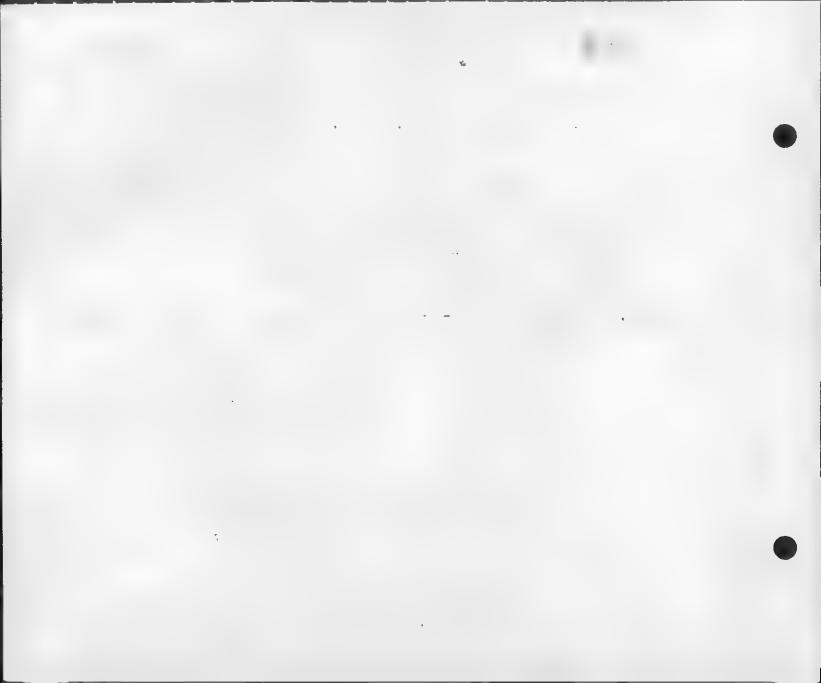
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. 2. USUAL RESIDENCE (Where deceased lived, 11 institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNDOrchester a. SMaryland Dorchester after MARYLAND Pages c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town hours Cambridge. R.D. 3 Cambridge Day 三 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE f.lled ON A FARM? 24 Cambridge-Maryland Hospital Rural event, within YES NO within npletely carbon p Last 4. DATE Month Day Year NAME OF First Middle DECEASED DEATH Sept. 23, 1966 Charles Elwood Daniel 19 (Type or print) comp AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH 5. SEX and cor birthday) Months any Male White April WIDOWED OTYORGED 12. CITIZEN OF WHAT ease re 10a. USUAL OCCUPATION (Cive kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician in please r during most of working life, even if retired) COUNTRY? U.S. Ezel.Kentucky Ret.Civil Engineer certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal attending permit. Then Q.C.Danie] Francis Combs 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16, SOCIAL SECURITY NO. 5 (Yes, no, or unkown) (If yes give war or dates of service) Mrs.Florence B. Daniel, Cambridge, Md. World War Yes cremation, the a it per INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH signed by a PART I. DEATH WAS CAUSED BY: 4DCC **OR ATTENDING PHYSICIAM:** The law requires that t be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) has been signe as the burial-1 prior to burial, **OUE TO** Conditions. If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. has WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) for use Health r this certificate I detached for use te Dept. of Health PERFORMED? YES | NO 7 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part | or Part II of Item 18) PHYSICIAN: MEDICAL (State) 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While After at work at work p.m. DIRECTOR: At age 3 should led with the S 21. I certify that (i) (this hospital) attended the deceased from: 19 😉 😉 that (1) (we) last and that death occurred at the causes and on the date stated above. saw the deceased alive on SIGNATURE Page 4.
TO FUNERAL DIM. ATTENDING STAFF M.D. PHYS. DIRECTOR PHYS O HOSPITAL PHYSICIAN'S 224 **ADDRESS** NAME (Type) LOCATION (City, town or county) BURIAL, CREMATION, 23b. OATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. 23c. 23a. REMOVAL (Specify) Buria Arlington Cetary Fort Natl ME WAR VOST GNATURE FUNERAL DIRECTOR 24. heraids Cambridge, Md. VR A15 (4) DATE 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

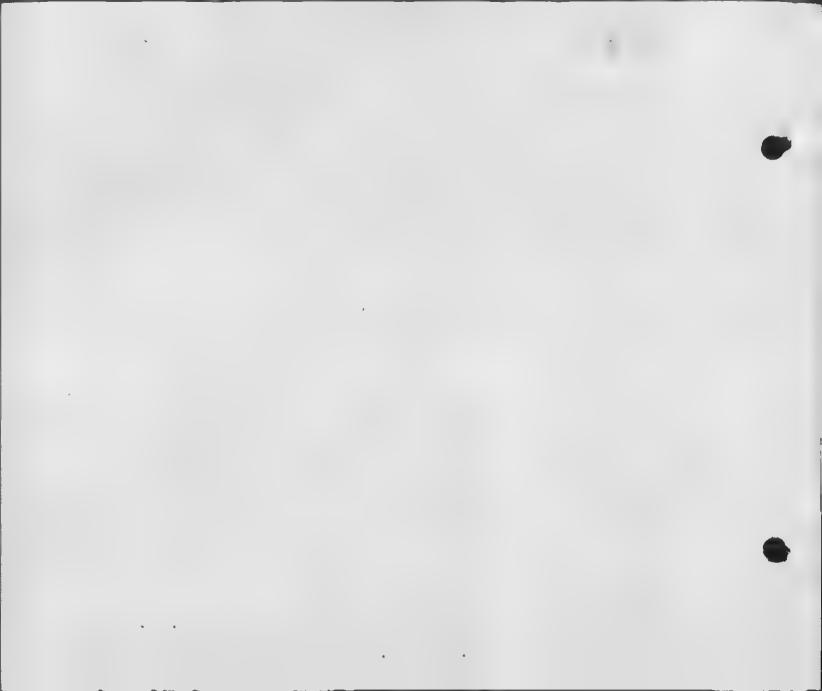


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased .ved, if institution Residence before admission) PLACE OF DEATH o. COUNTY Maryland Dorchester MARYLAND executed within 24 hours after b CITY OR TOWN Alf outside corpulate invits. c LENGTH OF STAY N 1b c CITY OR TOWN ( f outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 2 mos. 13 das. Ewell Cambridge d NAME OF HUSPIAL OR INSTITUTION (If not in hospital ig ve street oddress) d STREET ADDRESS popers S RESIDENCE Eastern Shore State Hospital Box 76 NO X 3 NAME OF Middle 4 DATE DECEASED September 1066 IF LINDER 1 YEAR IF UNDER 24 HRS. NEVER MARR ED 7 MARRIED years ast b rthdoy) DIVORCED WIDOWED Male 10b KIND OF BUSINESS OR 12 CTIZEN OF WHAT 100 USUAL OCCUPATION Give kind of work done 11 B RTHPLACE 'County & State or foreign country) Seafood COUNTRY? the death certificate Virginia Betty Ann Parks Nathan Dize IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no or anknown) (If yes give wor or dotes of service) ō Eastern Shore State Hospital records No Vak. IB. CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c)) INTERVAL BETWEEN ONSET AND DEATH signed by the PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The Yaw requires the Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? NO. 20a ACCIDENT WAS UNDERLYING I 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of term 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM, NER) 20c. I.ME OF INJURY Month, Day, Year 20d INJURY OCC., RRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from a - 12 saw the deceased alive an 19 Les, and that death accurred at from causes and an the date stated above 220 SIGNATURE 22b DATE SIGNED director, page 3 should be filed v PHYS DIRECTOR 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) FELIP 230 BUR AL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) -- REMOVAL (Specify) WELL METRI. CERCTRY RUKIAL 24 FUNERAL DIRECTOR 2So. REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) DATE



ARYLAND STATE DEPARTMENT OF HEALTH VISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE [Where deceased lived, If institution; Residence before edmission] 1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If Juts.de corporate , milt, write RURAL and give nearest fown). write RURAL and give nearest town) 72 hours after MAME OF HOSPITAL OR INSTITUTION of not in hospital, guille street address IS RESIDEN ON A FARM? YES NO. 3. NAME OF DATE DECEASED OF [Type or print, DEATH AGE (In years IF UNDER I YEAR 8 DATE OF BIRTH MARRIED THEYER MARRIED last birthday) DIVORCED F WDOWED death certificate 10b. KIND OF BUSINESS OR NOUSTRY 11 BIRTHPLACE County & State or foreign country 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) II S A Virginia Food: 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending Cora Hutson Harry Drewry

15. Was deceased ever in u.s. armed forces? 16. Social Security no 17. Informant Address (Yes, no, or unkown) [Ifyes give wer or dates of service Same Hrs. Anne Drewry INTERVAL BETWEEN 18. CAUSE OF DEATH lenter only one cause and ne for la. (b) and : ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which " geve rise to immediate cause **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110., 19. WAS AUTOPSY NO 200 ACCIDENT WAS UNDERLYING ... OR CONTRIBUTING ... CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. Enter neture of injury in Pert Lor Part. Lof. from 18.). HE EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm , 20f., (City or town) [Stetel 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Not While While et work 21. I certify that (I) (this hospital) attended the deceased from. ... M, from the causes and on the date stated above. 2.... 19 ...... and that death occurred at saw the deceased falive on 22b. DATE STAFF SIGNED ATTENDING DIRECTOR PHYS PHYS HOSPITAL Bath. Page 4 page with th 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, be filled a 23c NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) 230, BURIAL, CREMATION, 236, DATE THEREOF REMOVAL (Specify) 0 Howard Co. Md. Meadowridge 25e. REC'D BY REGISTRAR 1 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 [4] ct c Gully 15M 7 62



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH by the funeral Pages 1 and 2 Pages 1 and 2 purs after death. after death. 1. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY a. STATE b. COUNTY MARYLANO CLIY DR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside, corporate limits, write RURAL and give nearest town) Write RURAL and give nearest town) hours hours filled in d. NAME OF HOSPITAL OR INSTITUTION (f not in hospitaly give street address) d. STREET ADDRESS e. IS RESIDENCE event. within 72 DN A FARM? ND X YES completely f within 3. NAME DE DATE Last 4. Day (Type or print) DF DEATH executed 6. CDLOR DR RACE DATE OF BIRTH AGE (In years | IFUNDER TYEAR! F UNDER 24 HRS. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cor director, page 3 should be detached for use as the burial-transit permit. Then please remove should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any ew NEVER MARRIED last birthday) Months i Oays Hours WIDOWED IX DIVORCED 1Da. USUAL DCCUPATION (Give kind of work-done 10b. KIND OF BUSINESS OR INDUSTRY 12-CITIZEN DF WHA 11. BIRT HPLACE (County & State, or foreign country) P during, most of working life, even if retired) COUNT certificate FATHER'S NAME MOTHER'S MAIOEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 17. (Yes, no, or unkown) (If yes give war or dates of service) death 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. Remia 4 don IMMEDIATE CAUSE (a) OHE TO Conditions, If any, which (b) gave rise to immediate **OUE TO** cause (a), stating the underlying cause last CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 19. WAS AUTOPSY PERFORMED? 1 1 6 LLIT NO 🔯 YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 2Da. ACCIOENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL | 20a. PLACE OF INJURY (Homa, farm, | TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURREO 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work Page 4 may be retained by 19 at work 9-7 21. I certify that (I) (this hespital) attended the deceased from 1966. to 19.66, that (I) (we) last and that death occurred at 6 3/4 M. from the causes and on the date stated above. 19 saw the deceased alive on OATE SIGNED 22a. SIGNATURE ATTENOING PHYS. MEO. OIRECTOR MO. PHYS. PHYSICIAN'S ADDRESS NAME (Type) 15 Locusi BURIAL, GREMATION. (State) DATE THEREOF LOCATION (City, town or county) FUNERAL DIRECTOR 25b. 25a. REC'O BY REGISTRAR VR A15 (4) DATE 15M 4-64



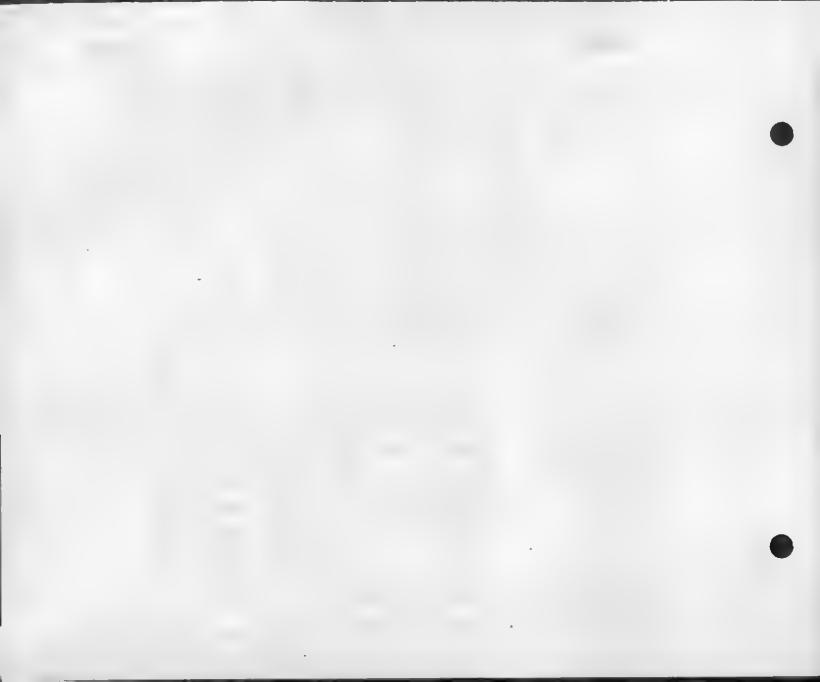
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE Dorchester Maryland by the MARYLAND Dorchester CITY OR TOWN (If outside corporate limits, wr.te RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ve carbon papers. Pag event, within 72 hours East New Market - Rural Cambridge 8 wks.2 davs completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cambridge-Maryland Hospital R.F.D. YES X NO executed within 3. NAME OF DATE First Middle Last Month Year DECEASED David Ennalls Augustus 26 September 19 66 (Type or print) DEATH attending thysisian and conrimit. Then please remove in or removal, and in any eve 6. COLOR OR RACE | 7. MARRIED & DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) Months Male Dec. 18, 1884 81 1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Retired Day Laborer The law requires that the death certificate be INDUSTRY CDUNTRY? Steel Company Dorchester Co., Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Isaac Young Hannah Ennalls the signed by the attend burial-transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECUR, TY NO. 1 17. INFORMANT (Yes. no. or unkown) ((If yes give war or dates of service) Bessie W. Ennalls, East New Market, Md., RFI Unknown 18. CAUSE OF DEATH [Enter only one cause per I ne for (a) (b), and (c), ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac decompensation PHYSICIAN: The law requires that the hospital or attending physician. DUE TO Artericsclerotic cardi vascular renal Ten weeks Conditions, if any, which TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the bishould be filed with the State Dept. of Health prior to be gave rise to immediate DUE TO cause (a), stating the disease underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND. TION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED [2De. PLACE OF INJURY (Home, farm, ] 2Df. (City or town) (State) factory, street, office bldg., etc.) Hour a.m. OR ATTENDING I at work at work 21. I certify that (1) (this hospital) attended the deceased from July 66 to Septenberge. 26 saw the decreased alive on Cot 1960 A. M, from the causes and on the date stated above. and that death occurred at 22a. SIGNATURE DATE SIGNED Se PHYS. TO HOSPITAL (Page 4 may | M.D. ADDRESS PHYSICIAN'S 22d. NAME (Type) Pine St. Cambridge. 23b. DATE THEREOF BURIAL, CREMATION.1 NAME OF CEMETERY OR CREMATORY LOCATION (C.ty, town or county) Oct.1.1966 Lienas Road Cemeterv Cambridge, Md., RFD FUNERAL BURECTOR A DDR ESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) tamotom and Son, Federalsburg, Maryland DATE 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE Where deceased eved fr 't' R erre lefte ada FEUNTY porchester o STATE maryland b WANTY Dorchester ₽ b CITY OR T' WN If Is de arcarate la te c CITY OR TOWN of outside corporate film to write RURAL and give nearest fawr.) CLENCTH OF STAY N 1b write RURAL and give nearest tayon) Rural Cambridge 1 day XXXXX Jamoridae I NAME OF HESPITAL OR INSTITION If we be so give street address d STREET ADDRESS Cambrid e maryland mospital R.F.D. YE, C NC E hours after death in Item 18 Give Pag rs Office along with 3 NAME OF Middle 4 DATE Month Y. or DECEASED 9 Iva Andrew 100 1 prist Ennel 🕰 Sept. 19 66 DEATH 6 C OR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE 1 V 352 IF UNDER 24 + RY last hirthday) Days Lale Negro DIVORCED Oct. 9.191/ WIDOWED On IS IA, MY IPAT ON Sive k ... of work done TOD KIND OF BUSINESS OR BIRTHP, ACE "tote or follege country) 2 CITIZEN OF WHAT Laborer Laborer INC ... TRY USA Lumber Larvland pencil 13 FATHER'S NAME be executed with n 14. MOTHER'S MAIDEN NAME ⊑ Geor e Ennels puo عه linnie Banks 'S WAS DILEASE EYER IN S ARMED FOR LES 16 SOCIAL SECURITY NO 17 INFORMANT Address rd pending ir Chief Medica I (Yes, na, or unknown) (If yes give war or dates of service) remayal. Buddy Andrew Lanels Cambridge 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) NTERVAL BETWEEN burnal-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH 10 MMEDIATE CAUSE TO \_\_\_\_\_\_\_\_ AUStured cerepral aneury sm This certificate should writing the word cremation, Canditions, if any, which gave nse to immediate cause (a), DUE TO stating the underlying cause 105<sup>†</sup> PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART YOL 19 WAS AUTOPSY PERFORMED? YES X NO 20g EXTERNAL CALSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of in cry in Part I or Part II of Item 18) ogent, prior 3 should PRIMARY OF CONTRIBUTING EXAMINER: CAUSE OF DEATH 20c T ME OF INJURY Manth, Day Year 20d INJURY OCCURRED 20e PLACE OF N.URY !Hame, farm. (City or town) (County) factory, street, affice blda., etc 1 FUNERAL DIRECTOR: Poge Nat While at work at work 21 I certify that I took charge of the remains described above held an Autopsy [X], Inspection 🗌 Inquiry and in my opinian the funeral director. P 5 may be retained fo TO FUNERAL DIRECTOR Health or its designat death resulted from Natural causes 🗷 Accident Suicide Hamicide Undefermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER X **EXAMINER**<sup>4</sup> John Mace Jr. M.D. NAME Type Address (Street city, town, or county) Cambride e. 230 BURIAL PREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) Bethe? 24 FARAL DIRECTOR ADDRESS 2So REC'D BY REGISTRAK 25b REGISTRAR S S GNATURE VR A15ME (5) Cambridge, "d. DATE SED



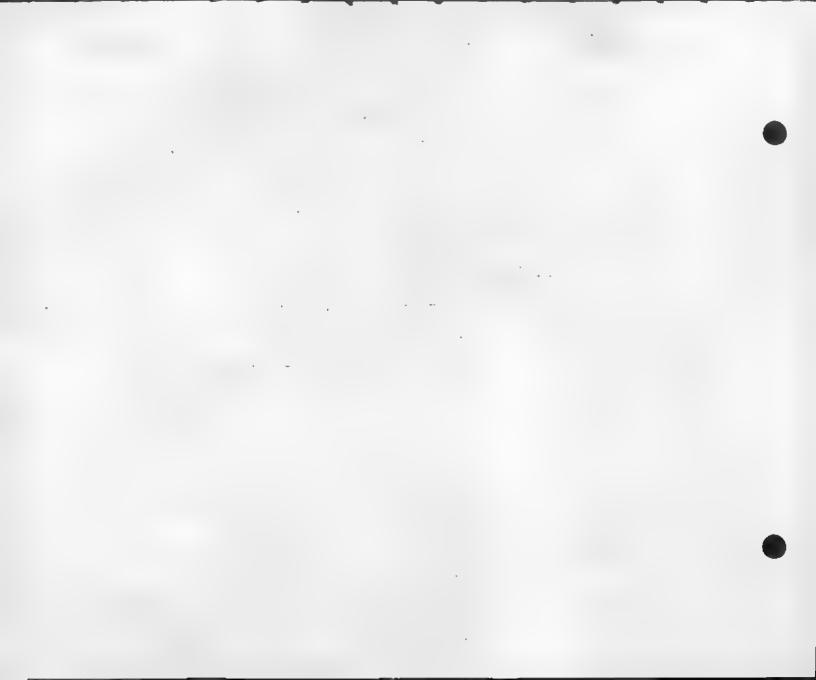
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission PLACE OF DEATH o. COUNTY MARYLAND c CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) E. LENGTH OF STAY IN 16 event, within 72 hours aft \*OWN "If outside corporate imits e RURAL and give nearest town) Ambaidae e IS RESIDENCE ON A FARM? d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give sheet oddress) Near Harmony YES 🗍 NO 🔀 NAME OF 4 DATE Month Year Last campletely OF DEATH DECEASED 19 66 Darrett DEP Type or print) IF LADER 1 YEAR IF UNDER 24 HRS AGE 'n yeors lost b rthday) 8 DATE OF BIRTH 7 MARRIED NEVER MARRIED Months Doys Hours DIVORCED X À UN WIDOWED 12 C TIZEN OF WHAT 10b KIND OF BUSINESS OR (County & State, or foreign country COUNTRY phys cion i Waterman 13. FATHER S NAMI or removal 17 INFORMAN 16. SOCIAL SECURITY NO Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes give wor or dates of service) On. INTERVAL BETWEEN IB CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) cremot ONSET AND DEATH **burial-transit** PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by DUE TO burial. Conditions, if ony, which gove rise to immediate cause (a), DUF TO stoting the underlying couse Poge 4 may be retained by the hospital ar ottending as the prior to ficate hos been last. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERT F CATION for use Heolth p YES (X) ΝO 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port II of item 1B) 200 ACCIDENT WAS UNDERLYING [ detached for the details of the Dept. of the OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e PLACE OF NJURY (Home form. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg, etc.) Not While of work 21. I certify that (1) (this hospital) attended the deceased from July M, from causes and on the date stated above. ond that death occurred of // sow the deceased olive on \_ O FUNERAL DIRECTOR: 22b. DATE SIGNED 220 SIGNATURE MD DIRECTOR PHYS director, page 3 should be filed v PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) 23o. BUR AL, CREMATION Sept. 15, 1966 Junior Order Cemetery Preston. 256. REGISTRAR S S 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death, 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Dorchester Maryland Dorchester MARYLAND b. CITY OR TOWN (if outside corporate .imits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) filled in by papers. Page Life Hurlock Hurlock d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE within 72 ON A FARM? Oak Street Oak Street NO X etely pou NAME DE Middle Last DATE Month Year DECEASED remove carb n any event, v 19 66 Hall Stevens Sept. (Type or print) Ruth DEATH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARR ED X NEVER MARRIED (ast birthday) | Months Days Hours Feb. 18. White Female .⊑ 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) attending physician rmit, Ahen please during most of working life, even if retired) þe INDUSTRY Dorchester County, Md. Housework Home certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John W. Stevens Emma Wright 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 0 death (Yes, no, or unkown) ((If yes give war or dates of service) Hurlock, Md. Harry S. Hall No None ed by the transit p 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: lumor tastese one mont IMMEDIATE CAUSE (a) signed burialholantine o Cenditions, If any, which been gave rise to immediate the the DUE TO cause (a), stating the has be as the prior t underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? certificate YES MO PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) CERT. detached fire Dept. of OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. After at work at work 0 66 FUNERAL DIRECTOR: A director, page 3 should hould be filed with the 21. I certify that (I) (this hospital) attended the deceased from \_\_ that (I) (we) last saw the deceased alive on 9 27. M, from the causes and on the date stated above and that death occurred at, 22a. SIGNATURE 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS. HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type Hurlock Mary and Carlos BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State, Burial Sept. 6. 1966 Washington Cemetery Hurlock Maryland 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR I Framptom Funeral Home, Federalsburg, VR A15 (4) 20 M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after Dorchester the MARYLAND Maryland Dorchester ges b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours Cambridge Cambridge .≘ filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ACCRESS a. IS RESIDENCE ON A FARM? within Cambridge-Maryland NON Hospita. Race YES etely within carbon 3. NAME DE 4. DATE Month Middie Last Day Year DECEASED event. compli (Type or print) DEATH 1966 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. Mitchell Harrison 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH and cor NEVER MARRIED AUB WIDOWED White Male DIVORCED 12. CITIZEN OF WHAT he attending physician a permit. Them phease re ition, or removal, and in .= 10a. USUAL DCCUPATION (Cive kind of work done I 10b. KIND OF BUSINESS OR 11. 8) RT HPLACE (County & State, or foreign country) during most of working life, even if retired) pe INDUSTRY Talbot, Maj Clark Dry Goods Maryland certificate 13. FATHER'S NAME William P. Harrison Elizabeth Horner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) 220-48-3144Mrs. Cambridge Md. cremation, V.Calvin Trice 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN been signed by the burial-transit or to burial, crems ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestive heart failure week IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic C-V Disease Years Conditions, If any, which gave rise to immediate QUE TO cause (a), stating the as th underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. for use Health r this certificate I detached for use te Dept. of Health PERFORMED? YES NO 🏋 the hospital 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) Hour a.m. After Not While p.m. at work at work -21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the 6A \_M, from the causes and on the date stated above. saw the deceased alive on. and that death occurred at SICNATURE 22b. DATE SIGNED 22a. STAFF PHYS. M.O. DIRECTOR HOSPITAL TO FUNERAL A'HYSICIAN'S 22d. ADDRESS director, p NAME (Type) John ce BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. REMOVAL (Soecify)
Burial Cambridge Cemetery 66 Cambridge Md. REC'O BY REGISTRAR 256. REGISTRAR'S SIGNATURE FUNERAL CIRECTOR 24. Cambridge Md. VR A15 (4) DATE 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. hours after death. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY Maryland b. COUNTY Dorchester Dorchester lease remove carbon papers. Pages 1 and in any event, within 72 hours after MARYLANO b. CITY OR TOWN (if outs de corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 13 Days Hurlock Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ACORESS e. IS RESIDENCE ON A FARM Cambridge-Maryland R.F.D. NO completely a executed within NAME DE First Middle DATE Year DECEASED 19 66 Alice Jackson September Mary (Type or pr'nt) 5. SEX 6. COLOR OR RACE 8. OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARR ED last pirthday) Months Days Hours June 24, 1877 Female Negro OIVORCED 10a. USUAL OCCUPATION (Sive kind of work done during most of working life, even if retired)

Housework

Home 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) n signed by the attending physician burial-trans t permit. Then please r burial, cremation, or removal, and in U.S.A. Dorchester County, Md. PHYSICIAN: The law requires that the death certificate the hospital or attending physician. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William Jolley Mary E. Chase 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Naomi Murray, Hurlock, Md. R.F.D. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND GEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage m Arterio sclerotic cardio vascular disease 1-13-66 Conditions, If any, which TO FUNERAL DIRECTOR, After this certificate has been director, page 3 should be detached for use as the bishould be filed with the State Dept. of Health prior to be gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? YES NO I 20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (State) factory, street, office bldg., etc.) Hour a.m. Not While LTENDING at work 21. I certify that (I) (this hospital) attended the deceased from 9-1-. 19 66 to 9-13-66 19 saw the deceased alive on 9-12-1966 ., and that death occurred at \_\_\_\_\_M, from the causes and on the date stated above. 22a, SIGNATURE 22b. OATE SIGNED M.O. Page 4 may PHYSICIAN'S AODRESS NAME (Type) Pine ambridge 23a. BURIAL, CREMATION, REMOVAL (Specify) 23d. LOCATION (City, town or county) -17 - 66Petersburg Cemetery Near Hurlock. Maryland Burial BUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Federalsburk, Md. ramptom and Son 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and 2 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) funeral PLACE OF DEATH. a COUNTY F COUNTY y Remove carbon papers Pages 1 In any event, within 72 hours after MARYLAND CLENGTH OF STAY N 16 IOWN all ow side corporate limits write RURA, and give nearest town) b\_ FIY OR TOWN (If a taide in reporte limits, Awrite RUBAL and give nearest lown S RESIDENCE d STREET ADDRESS ⊆ finat in hospital, give street address. filled YES NO I 3 NAME OF Middle DATE Month easy remove carbon First 4. Doy Year DECEASED OF DEATH (Type or print) YEAR JNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Months birthdoy) Days Hours DIVORCED WIDOWED 10b KIND OF BUS NESS OR 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done (County & State or foreign country). **NDJSTRY** during most of working life, even if retired) ファノも 13 FATHER'S NAMI 14 MOTHER'S MALBEN NAME buriol, cremotion, or removo IS WAS DECEASED EVER IN US ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no or unknown) all yes give wor or dates of service) CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c)}
PART I. DEATH WAS CAUSED BYIMMEDIATE CAUSE (a) NTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH DJE TO Conditions, if ony, which gove nse to immediate couse (o), DUE TO stating the underlying couse as the prior to l has been last. 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION NO this certificote 5 200 ACC DENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of Item 18) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INIURY OCCURRED 20e PLACE OF HAJJRY (Home, form, (City or fown) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg, etc.) Hour o.m. Not While of work of work O FUNERAL DIRECTOR: After 10-10-21 I certify that (I) (this haspital) attended the deceased from 19 19\_\_\_, that (I) (we) last M, fram causes and on the date stated above. and that death accurred at saw the deceased alive on 22b DATE SIGNED 220 SIGNATURE DIRECTOR director, page should be filed 220 ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BUR AL, CREMATION (County) (Stote) emeteru Uxtord 2So REC'D BY REGISTRAR 25h. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2702 CERTIFICATE OF DEATH **ATTENDING PHYSICIAN:** The law requires thot the death certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission. I PLACE OF DEATH a COUNTY MARYJAND MARYLAND WICOMICO DORCHESTER C LENGTH OF STAY N 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN 'I auts de corporate I mits, write RURAL and give nearest town) papers. Pag hin 72 hours 4YRS.8MOS.26DAS. SALISBURY CAMBRIDGE e IS RESIDENCE ON A FARM? .⊆ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS filled EASTERN SHORE STATE 410 CAMDEN AVENUE YES NO K 3 NAME OF First Middle 4 DATE Month Year DECEASED Vandegrift CONSTANCE MANN (Type or print) DEATH SEPTEMBER 19 66 FUNDER 24 HRS S SEX 8 DATE OF BIRTH 9 AGE (In years 6 COLOR OR RACE 7. MARR ED NEVER MARRIED lost birthdoy) Months Doys W DOWED X D VORCED 07-08-91 FEMALE 1Do LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? HOUSEWIFE U.S.A. CHARLOTTESVILLE. VA. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME SARAH ARCHER WILLIAM T. VANDERGRIF IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service ö EASTERN SHORE STATE HOSPITAL RECORDS 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH BRONCHOPNEUMONIA IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave MYOCARDIAL INFARCTION rise to immediate couse (a), DUE TO stoting the underlying couse last. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPS PERFORMED? NO X 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED (City or town) 20c. TIME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Home, form, (County) (Stote) Not While foctory, street, office bldg., etc.) at work 21. I certify that (1) (this haspital) attended the deceased from 01-03 , 1962 , to 09=29 , 1966 , that (I) (we) last 19 66, and that death occurred at 1:45 PM, from causes and an the date stated above 09-29 O FUNERAL DIRECTOR: saw the deceased alive an 22o. SIGNATIJRE 22b. DATE SIGNED STAFF PHYS. 09-29-66 M.D DIRECTOR 22d ADDRESS 22c. PHYSICIAN S NAME (Type) Ba 12 ROSO E.S.S. HOSPITAL. CAMBRIDGE, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. 23b DATE THEREOF 23d. LOCATION (City or Town) (County) REMOVAL (Specify)
Burial 10-1-1966 Maplewood Cemetery Charlottesville. Va. 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR Salisbury, Maryland VR A15 (4) Hill Funeral Home 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours ofter death 1 PLACE DE DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission o. CDJNTY C LENGTH OF STAY IN 1b c. CITY OR TOWN 8 mos. TEVENSVILLE d STREET ADDRESS e. IS RESIDENCE ON A FARM? STEVENSVILLE. NO Middle DATE 3 NAME DE Year OF DEATH 19 € IF UNDER 1 YEAR AGE (In years NEVER MARR ED Months WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10g JSUAL OCCUPATION (Give kind of work done SIRTHPLACE (County & State, or foreign country) during most of working 'te, even if retired) INDUSTRY RETAIL MOTHER'S MA DEN NAME noval MERCHANT 17 INFORMANT 16 SOCIAL SECURITY NO (Yes no or unknown) (If yes give wor or dates of service) Ö N'ERVAL BETWEEN IB CAUSE OF DEATH (Enter only one couse per line for (o) (p), and (c)) PART I DEATH WAS CAUSED BY: newmonia IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse this certificate has been WAS AUTOPSY PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? FICATION NO YES ō 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of Item 18) 20o. ACC DENT WAS UNDERLYING [ DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) Hour o.m. factory, street, office bldg, etc.) of work TO FUNERAL DIRECTOR: After Poge 4 may be retained by 21. I certify that (1) (this hospital) attended the deceased from IPI City. 1963, to September saw the deceased alive an Silicin 12-17 1966, and that death occurred at 210 QM, from causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED M.D DIRECTOR 22d. ADDRESS ESS Hospile. 22c. PHYSICIAN O HOSPITAL NAME (Type) Earlibilde Direkes R. Md 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 23o. BURIAL CREMATION (Stote) REMOVAL (Specify) 9/19/66 BNAI ISRAEI BURTAL 24. FUNERAL DIRECTOR MARVIAND ADDRESS 25b REGISTRAR'S SIGNATURE 250 RECD BY REGISTRAR LEVINSON & BROS. INC. 6010 REISTERSTOWN DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STA BEALTIN 2 HSHAL RESIDENCE (Where decensed hand if inclusion I PLACE OF DEATH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	COUNTY Dorchester	MARY_AND	o STATE Maryland b (C.NIY Dorchester							
	biothy OR TOWN if whiche in phrote smalls, white RUPA, and give nearest fown, Cambridge	Minutes	c CITY OR TOWN IF outside corporate imits, write RURAL and give nearest town; Fishing Creek							
	d NAME OF HOSPITAL OF NST TUTION, if first or beso to g DOA Cambridge Haryland F	ve street address) lospital	d STREET ADDRESS None  e is resigning on a farms yes no 2							
3	NAME OF PICEASED WILLIAM:	HENRY Mo	AUGHLIN  4 DATE Of DEATH  September 15 19 66							
5	Male    6 COLOR OR RACE   7 MARR ED   NEVER MARRIED   8 DATE OF BIRTH   9 AGE to years   15 UNDER YEAR   15 UNDER 2 Months   Days Hours   Day									
		ND OF BUSINESS OR	Dorchester Co., Md. 12 CITIZEN OF WHAT COUNTRY? USA							
1	John McGlaughlir	1	Nannie Tolley							
1 (	S WAS DECEASED EVER IN U.S. ARMED FORCES? 10 S		Mrs. W. H. McGlaughlin, Fishing Creek, Md.							
	18 CAUSE OF DEATH Efter only one couse per the for PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) COX OF TO Conditions, if any, which gave nose to immediate couse (o), stating the underlying cause lost.		lusion OASE AND GEATH							
FICATION	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBLENG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19 WAS AUTOPSY PERFORMED? YES NO  NO									
TGSJ	20b EXTERNAL CAUSE WAS PRIMARY L. or CONTRIBUTING C CAUSE OF DEATH  20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of item 18)									
MEDICAL	20c TME OF INJURY Month Doy Yeor Hour am While of work		PLACE OF INJURY (Home, form, factory, street, office bldg etc.)  2Df (City or town) (Caunty) (State)							
	21   certify that   took charge of the remains described above held an Autapsy   , Inspection   X, Inquiry   , and in my apin an death resulted from Natural causes   X, Accident   , Suicide   , Hamicide   , Undetermined manner   CHIEF MEDICAL EXAMINER   - ASSISTANT MEDICAL EXAMINER   9/16/66 <sup>22</sup> . DATE SIGNED   DEPUTY MEDICAL EXAMINER   Address (Street, aty town, or county)   Campride   , ind.									
	BOT141 Sept 17 1966		Memorial Park Cambridge, Maryland							
	eCompte Funeral Service, Cambridge, Maryland   250. REC D BY REGISTRAR   25b REGISTRAR'S SIGNATURE   25c REC D BY REGISTRA									

VR A15ME (5) 6M 1/66

5 may be retained far your fles.

2, and 3 ta PM3. Page

This certificate should be executed within 24 hours after death. If

necessary, please execute the certificate, writing the ward pending in penal is the funeral director. Page 4 snauld be farwarded to the Chief Medical Examination

MESTAL EXAMINERS

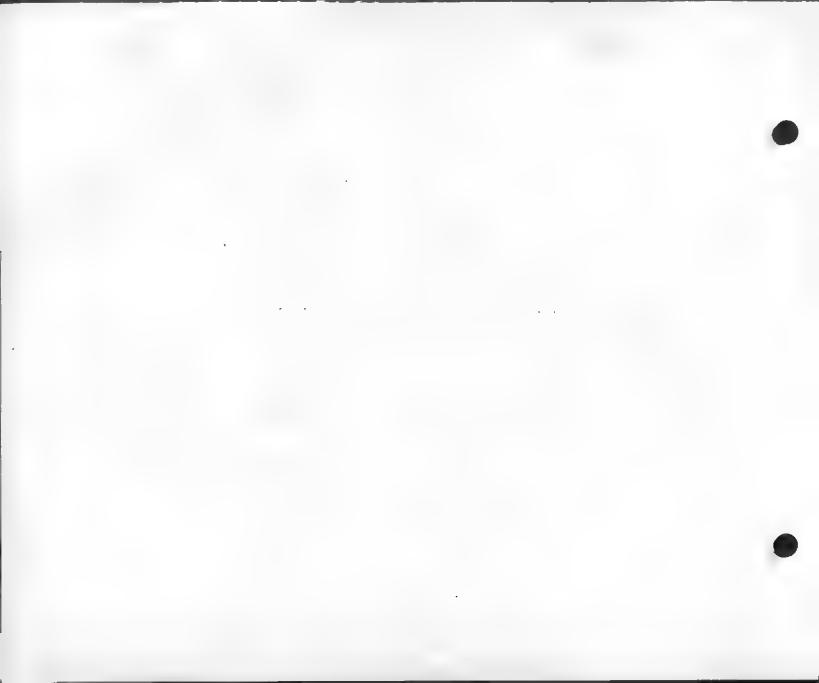
TO DEPUTY

O FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit Hea th ar .ts designated agent, priar ta b\_rial, crematian, ar remaval

a ang with farm Item 18 Give Pages 1

6

File pages Tand 2 with the State Department of and in any event with n 72 hours after death



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours ofter death oon papers Pages 1 and 2 within 72 hours affer death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission b COUNTY by the fi Pages CLENGTH OF STAY IN 16 r CITY OR Lutude corpulate limits. outs de corporate limits, write RURAL and give nearest town) YIS-3 days ebron. OF MGSP TAL OR INSTITUTION (if not in hospital, give streeCoddress) d STREET ADDRESS e IS RESIDENCI ON A FARM? YES NO NAME OF 4 DATE Month Doy Year DECEASED OF DEATH 12 Type or pant) complet IF UNDER I YEAR F UNDER 24 HRS A COLOR OR RACE 7 MARRIED AGE 'n yeors NEVER MARRIED last-birthday) Months Hours ond in any W DOWED X DIVORCED EMA The USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign coul 12 CHIZEN OF WHAT daring most of working if e, even if retired) INDUSTRY COUNTRY? MUSKWIFF 13 FATHER'S NAME phy sal 14 MOTHER'S MAIDEN NAME removal 0415e WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 5 buriol, cremotion, 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) INTERVAL BETWEEN buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) á DUE TO signed 1 Conditions, if ony, which gove nse to immediate couse (a). DUE TO stoting the underlying couse Page 4 may be retained by the hospital or attending FUNERAL DIRECTOR: After this certificate has been prior to Inst PART II OTHER SIGNIFICANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? CATION detached far use te Dept, of Health NO 200 ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c T-ME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) Hour om. foctory, street, office bldg, etc.) ot work 21. I certify that (I) (this hospital) attended the deceased from 19 , 19\_\_\_, that (I) (we) last , ta 19 66, and that death accurred at 3 30 AM, from causes and an the date stated above. saw the deceased alive an\_ 220 SIGNATUR 22b DATE SIGNED director, page 3 should be filed v M D DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIANS O HOSPITAL NAME (Type) BUR AL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stote) REMOVAL (Specify) 25b REGISTRAD'S S GNATURE 24 FUNERAL DIRECTOR 250. RECID BY REGISTRAR VR A15 (4) 20 M 1/66 DATE



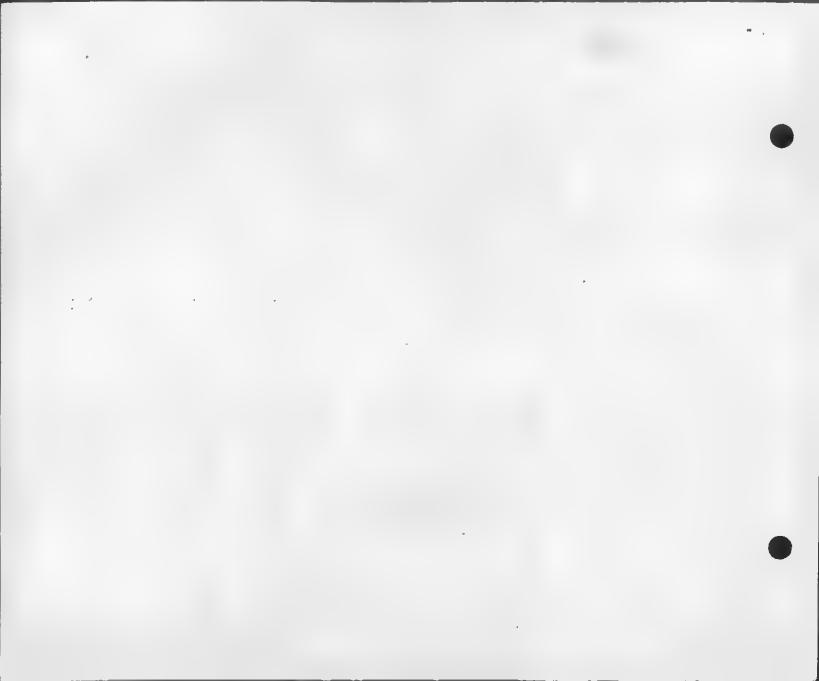
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) I. PLACE OF DEATH de **b** COUNTY a. COUNTY MARYLAND LENGTH OF STAY N To r CTY OR TOWN (If outside carparate limits, write RURA), and give nearest tawn). b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) oan papers. Pag within 72 haurs e. IS RESIDENCE ON A FARM? d NAME OF HOSPITA. OR INSCITUTION ( finat to haspital give street address) d STREET ADDRESS filled YES NO K Middle DATE Manth Day Year NAME OF Last carban campletely OF DEATH DECEASED 19 66 (Type or pnnt) IF UNDER I YEAR IF JNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Manths and in any WIDOWED DIVORCED 12. CITIZEN OF WHAT TOB KIND OF BUSINESS OR rate or fore 10a USUA, OCCUPAT ON Give kind of wark done COUNTRY? during most of working life even if retired) ease INDUSTRY\_\_\_\_ 5 and . INTENCINCE attending physic permit. Then ple ian, ar removal, a 13 FATHER'S NAME cward 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO permit. (Yes, no, or unknown), (If yes give war or dates of service) UNKNOU crematian. NTERVA BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (6), (b), and (c). signed by the burial-transit p burial, crematic ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave nse to immediate cause (a). **DUE TO** stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been detached for use as the e Dept, of Health prior ta last. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT MOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? NO 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Item 18.) 20g ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, form, (( ty ar town) (County) (State) 20d INJURY OCCURRED 20c. TiME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Haur a.m. While Not While at wark at work 21. I certify that & (this haspital) attended the deceased fram\_ 196- 0 be retained 19 (c 6 and that death accurred at 75 PM, from causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22d S GNATURE O HOSPITAL OR M D DIRECTOR PHYS PHYS director, page 3 should be filed v 220 ADDRESS THYS CLAN S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 23n\_ BURIAL, CREMATION, (County) (State) REMOVAL (Specify) 24 SUNERAL DIRECTOR 2Sq REC'D BY REGISTRAR 2Sb REG STRAR S SIGNATURE VR A15 (4) laylen 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 and 2 CERTIFICATE OF DEATH executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) PLACE DE DEATH **b** COUNTY a CDUNTY DORCHESTER MARYLAND WORCESTER c LENGTH OF STAY IN 16 c CITY OR TOWN (I autside carparate I mits, write RURAL and give nearest town) b (TY OR TOWN (If autside carparate limits write RURAL and give nearest fawn) 1 YR. & 4 MTHS. POCOMOKE. CAMBRIDGE, MARYLAND 1 YR &
d NAME OF HOSPITAL OR INSTITUTION '1 not in haspital, give street address) d STREET ADDRESS B IS RES DENCE ON A FARM? ⊑ within 72 EASTERN SHORE STATE HOSPITAL YES ND X KOUTE #3 3 NAME OF Middle DATE Month Day carbon completely 0F DECEASED event, 1 WILLIAM THOMAS ROBERTS DEATH (Type or print) IF UNDER I YEAR 8 DATE OF BIRTH 9 AGE 'n years 7 MARR ED NEVER MARR ED 60 hirthday) Manths Hours Oct. 7.1975 niowal),and in any WIDOWED DIVORCED MALE NEGRO 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 10a USUAL OCCUPATION, Give kind of work done 1" BIRTHPLACE (County & State or fareign country) PHYSICIAN: The law requires that the death certificate be **COUNTRY?** during most of working life, even if retired) INDUSTRY physician ( UNKNOWN UNKNOWN UNKNOWN 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME UNKNOWN UNKNOWN 17 INFORMANT 16. SOCIAL SECURITY NO Address 15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, na, ar unknown) (If yes give war or dates of service) Ь 220-16-9267 E.S.S.H. RECORDS CAMBRIDGE. MARYLAND signed by the atter burial-transit perm burial, cremation, a NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave nse ta immediate cause (a), DUE TO stating the underlying cause be retained by the hospital or offending as the TO FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached for use te Dept, of Health NO 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Hem 18) 20a ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d. INJURY DCCURRED 20e. PLACE OF IN. JRY (Hame, form, (City or town) (County) 20k. TiME OF INJURY Month, Day, Year Hour a.m. factory, street, affice bldg, etc.) Nat While O HOSPITAL OR ATTENDING at wark 21. I certify that (1) (this hospital) attended the deceased from APRIL 14. , 1965 , to 09-13 , 1966, that (I) (we) lost 19.66, and that death occurred at 7:15 AM, from causes and on the date stated above. sow the deceased alive on\_\_\_\_(19-12 22b DATE SIGNED 22n SiGNATURE 09-13-66 M D DIRECTOR PHYS directar, page 3 should be filed v 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) E.S.S.H. CAMBRIDGE, MARYLAND 21613 RENE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) RIAL CREMATION REMOVAL (Shec fy) 2Sb REGISTRAR S.SI 24 / FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

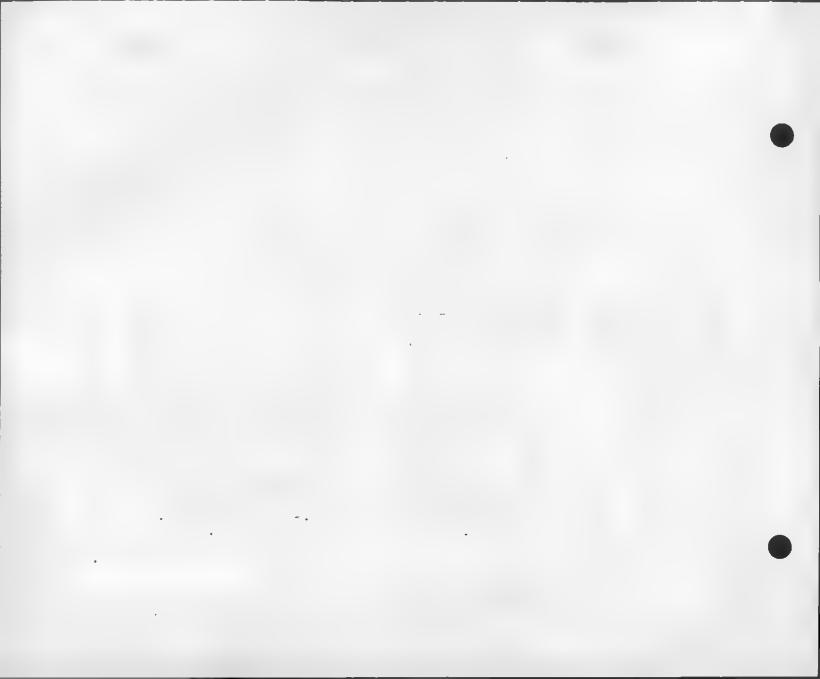


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. 24 hours ofter death puo 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) I PLACE OF DEATH a. STATE b. COUNTY a. COUNTY VICOM ICO DORCHE STER MARYLAND by the to Poges b CITY OR TOWN (if Jutside corporate 1 mits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURA, and give nearest town) popers Pog SALISBURY 5 MO . RURAL CAMBRIDGE d STREET ADDRESS e IS RES DENCE d NAME OF HOSPITAL OR INSTITUT On (If nut in hospital, give street address) ON A FARM? 1002 CECIL STREET EASTERN SHORE STATE HOSPITAL NO [7 requires that the death certificate be executed within 4 DATE Month pletely fi carbon 3. NAME OF Middle DECEASED SUPPLEE SINGLETON SEPT. 22 ED' ARD 19 66 DEATH (Type or pnnt) AGE 'In years IF UNDER 24 HRS 5 SEX 6 CO OR OR RACE 8 DATE OF BIRTH 7 MARR ED **NEVER MARR ED** Jost birthday) Manths Hours 8/28/88 WIDDWED DIVORCED yna n, bno MALE WHITE physician and one 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 10a USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life even if retired) **NDUSTRY** PA. Daily Times - ABULL BU-Day, Comen 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal. WILLIAM K. SINGLETON FLORENCE RITTER IS WAS DECEASED EVER NUS ARMED FORCES? 16. SOCIAL SECURITY NO (Yes no. or unknown) (If yes give war or dates of service) 0 101-07-6778 RECORDS INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) signed by the burnal-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY nellmadric IMMEDIATE CAUSE (o) DUE TO debilla Conditions, if any, which gave nse to immediate cause (a), DUE TO stating the underlying cause as the prior to b by the hospital or attending PHYSICIAN: The law last WAS AUTOPS PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) hos PERFORMED? CERTIFICATION NO K certificate 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port I of item 18) 200 ACC DENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) 20d INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While at wark APR. 18 19 65 to SEPT. 22 1966, that (1) (we) last 2) I certify that (1) (this haspital) attended the deceased from be retained saw the deceased alive an SEPT. 22 1966, and that death occurred at 8:30 M, fram causes and an the date stated above 22b. DATE SIGNED 22a. SIGNATURE 9/22/66 M.D. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S Page 4 may t O FUNERAL E.S.S. HOSPITAL, CAMERIDGE, D. NAME (Type) ARROSO 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION REMOVAL (Specify) West Laurel Hill Cometery Fhiracer nia. DUC.AL 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REG STRAR VR A15 (4) & COLPANY, SALISBURY, MARYLAND 20 M 1/66

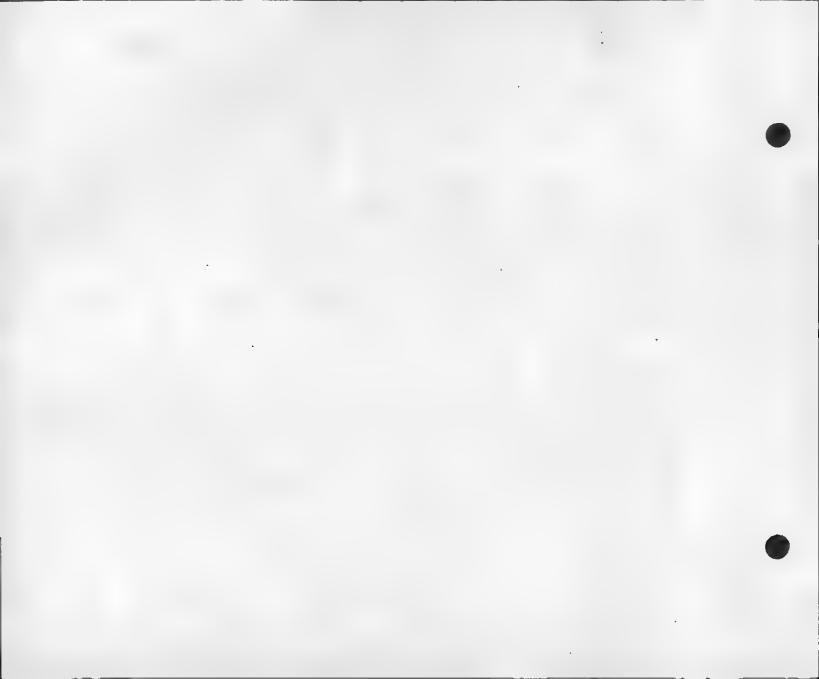


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE Where deceased aved if not sit PLACE OF DEATH Re is to had a get the Maryland · O. NTY b WINTY Dorchester Dorchester Page Ę. death. MARY, ANG delay partment BITY IR DWN HIT HE TO SE LEF STH DE STAY IN TO / CIV OR TOWN If a tride corporate limits, write RURAL and give negrest town) 2, an. P.M3. Cambridge corest town years Cambridge 10 d NAME IT HOSPITAL IR NOT JON If not to hispital give street addres . c STREET ADJURESS S RES GENCE ON A FARM De hours with form 104 Choptank Terrace Camprid to Maryland Hospital NO CX 8 Give Pages ate hours after death 3 NAME OF 4 DATE Day DECEASED OF JOHN R. THOMAN September Type ar p. f) DEATH event within olang with t - UNDER 5 SEX 6 'INOR OR RACE B. DATE OF BIRTH 9 AGF flr years 7 MARRIED NEVER MARRIED last birthday) Dec. 4, Male Whi te WIDOWED D VORCED Item 1 Office a land 2 v PIRTHPLACE (State or foreign country) TIZEN OF WHAT Do 1811AL 1111PATION Give kind of work done COUNTRY? IISA a name of war if e even if retired. F.W. Woolworth Hanover, Penna 24 any aminer's pencli 14 MOTHER'S MAIDEN NAME 7 FATHER 5 NAME be executed within Horace C. Thoman Irma Stricklere AS WAS DECEASED EVER NO ARME FOR FOR 16 SON AL SEMPRETY NO 17 INFORMANT S Krow, I'f ye governor dutes 'service' Mrs. John R. Thoman, Cambridge, Maryland Unknown Medical be IB. CAUSE OF CEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN ANSET AND DEATH IN burial-transit PART I DEATH WAS CAUSED BY Massive myocardial infarction IMMEDIATE CAUSE (a) . This certificate shauld please execute the certificate, writing the ward cremation, OUF TO Canditions, if any, which gave (b) nse ta immediate cause (a), forworded to DUE TO stating the underlying cause last. buriol, o PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 9 WA AJTOPSY PERFORMED? NO KX Health or its designated agent, prior to 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of inury in Part I or Part II of Item 1B.) 3 should should PRIMARY [ ] or CONTRIBUTING [ EXAMINER: CAUSE OF DEATH MED CAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame form 20c TIME OF INJURY Month, Day Year 20f (City or town) (County) (State While Not While factory, street, office bldg., etc.) While at work may be retained far your FUNERAL DIRECTOR: Page Page ( at wark 21. I certify that I took charge of the remains described above held an Autopsy [7]. Inspection [8]. Inquiry X. and in my opinion the funeral director. death resulted from Noturol couses 🗓 Su ade ... Hom ade ... Undetermined monner Acordent . CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE 9-6-66 DEPUTY DEPUTY MEDICAL EXAMINER XX **EXAMINER'S** Eldridge H. Wolff. M.D Address (Street, city, town, or county) NAME (Type) Sep. 8, 1766 23t NAME OF CEMETERY OR CREMATORY 23d LOCATION 'City or Town) 23a BURIAL, CREMATION (County) (State) 50 Dorchester Memorial Park Cambridge, Maryland 2Sa RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL D RECTOR ADORESS LeCompte Funeral Service, Cambridge, Maryland OAIF VR ATSME





MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and 2 death. death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE MARYLAND b. COUNTY PRIAKE CECRGES after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate lim.ts, write RURAL and give nearest town) write RURAL and give nearest town) hours ENTLAND HURLO CK. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OMBARD RSING HOME NO 🖂 death certificate be executed within NAME OF Middle DATE Month Year Last DECEASED OF DEATH VERNON ANNA ELIZABETH (Type or print) AGE (In years | IFUNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months | Davs Hours FEMALE WHITE 25 WIDDWED 5 DIVORCED 10a USUAL OCCUPATION (G ve kind of work done 10b. KIND OF BUSINESS OR during most of work ag life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRT HPLACE (County & State, or foreign country) during most of working life, even If retired) COUNTRY? U.S.A HOUSEWIFE attending physic ermit. Then place removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME ROBERT ROSE GALNER TURNER 15. WAS DECEASED EVER N.U.S. ARMED FORCES?
(Yes, ng, or unkown) | (1f yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 00 7620 ST. VIRGINIA LOMBARD cremation, NO MD. KENTLAND, NUME INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), been signed by the the burial-transit or to burial, cremati ONSET AND DEATH DEATH WAS CAUSED BY: MILLIS PHYSICIAN: The law requires that ti the hospital or attending physician. IMMEDIATE CAUSE (a) SURM leas scienzi Cond tions, if any, which gave rise to immediate DUE TO cause (a), stating this certificate has be detached for use as the e Dept. of Health prior underlying cause last CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? YES NO V 20a. ACCIDENT WAS UNDERLYING F DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. MEDICAL (State) 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) be de State Hour a.m. Not While After ATTENDING 2 19 at work at work FUNERAL DIRECTOR: Af director, page 3 should it should be filed with the S 21. I certify that (I) (this hospital) attended the deceased from this is 1966 1966 be retained 0 that (I) (we) last and that death occurred at 3 M, from the causes and on the date stated above. 1964 saw the deceased alive on \ & 22b. DATE SIGNED 22a. S GNATURE page : Page 4 may Page 4 may M.D. PHYS. DIRECTOR PHYS PHYSICIAN'S 22d ADDRESS 22c. director, p should be 1 NAME (Type (City, town for county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Spec.fy) ADDRESS REC'D BY FUNERAL DIRECTOR /) 1/25a. VR A15 (4) 15M 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE Where deceased lived if a tit the Residence before admission PLACE OF DEATH JNIY Dorchester G TATE North Carolina COUNTY Page death MARMAND \* SENGTH OF STAY IN 16 CITY OR TOWN If mits de corporate limits, write RURAL and give necrest fowr IN CITY OR TOWN IF a mid imprirate 1 mins P.M.3 write RURAL old y ve neurest towns Newport Rhodesdale - Rural 3 months d NAME OF HOSPITAL OR INSTITUTION, If not an inocurtor, give street address) d. STREET ADDRESS e IS RES DENCE ON A FARM? haurs Eldorado-Sharptown Road ate YES NO A haurs after death 3 NAME OF 4 DATE Month Item 18. G ve P Office along wr DECEASED OF William (Type or print) Ward DEATH WITHIN September S SEX 6 COLOR OR RATE NEVER MARRIED 8 DATE OF BIRTH AGE n /eo . 7 MARRIED lost birthdoy) Months Doys Hours Male Negro MIDOWED DIVORCED Dec. 13, 1944 event . I BIRTHPLACE (State or fore c @ . itry) 12 CTZEN OF WHAT 100 JUAL JOUPAT A Give kind of y ork dine. Ob KIN OF BUSINESS OR during most of we ken . (a even if retired) Fax m COUNTRY? North Carolina d pending" in penti in Chief Medical Examiner's USA 13 FATHERS NAME 14. MOTHER 5 MA DEN NAME s certificate should be executed within 2 5 Joseph F. Ward Dollie A. Lecraft IS MAS DECEASED EVER N S ARMED FOR LES? 16 SOCIA, SECURITY NO 17 INFORMANT (Yes na of unknown) (It yes give war ar dotes of service) remaval Unknown Hazel Ward, Newport, North Carolina 18 CAUSE OF DEATH (Enter only one couse per ine for a (b) and (c)) INTERVAL BETWEEN ONSEL AND DEATH PART I DEATH WAS CAUSED BY MMED ATE CAUSE (o) Hemorrhane crematian, DUE TO Conditions, if any which gave w dun shot wound chest rise to immediate couse (a), DUE TO stoting the underlying couse burial, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS A. "OPS" CERTIFICATION PERFORMED? YES X NO certificat 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW NJURY OCCURRED (Enter noture of njury in Port I or Port I of term 18) PRIMARY & or CONTR BLT NG 4 should CAUSE OF DEATH. Shot with shot gun. 20d INJURY OCCURRED 20e PLACE OF INJURY 'Home form 20c TIME OF NILRY Month, Day, Year (City or town) factory, street, office bidg, etc. While Not While of work at work Farm FUNERAL DIRECTOR: Page Ne r aldorado, Dor. Md. 21 I certify that I took charge of the remains described above, held on Autopsy [X], Inspection [], Ingu ry ond in my op n on the funeral directar. deoth resulted from Notural couses Accident Su cide Homic de X Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Б EXAMINER'S Cam rid e. Health may John , ace Jr. L. Address (Street city town or county) NAME .Type 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAY CREMATION 0 REMOVAL (Specify)
Removal Sept. 7,1966 Spring Side Baptist Cemetery Near Newport. 250 REC D BY REGISTRAR 25b REGISTRAR 5 SIGNATURE 23. FUNERAL DESCRIPTION and Son. Federalsburg, Maryland VR A15ME (5) home transton DATE 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY 7 35 Dorchester MARYLAND Marvland Dorchester ച aft 丰 CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) .= e. IS RESIDENCE filled d. STREET ADDRESS bon papers within 72 l ON A FARM? NOTE Hospital YES Cambridge-Maryland Oakley within completely Month carbon 3. NAME OF First Middle 4. DATE Day Year Last DECEASED event, (Type or print) DEATH 1966 Wilkinsor Sept. Webster executed 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 8. DATE OF BIRTH 9. any and DIVORCED July 18 WIDDWED Male White Ading physician a Then please re removal, and in a 12. CITIZEN OF WHAT Ξ, 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY Packing Food U.S Auditor Conschohocken.Pa. douth certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending pit permit. Then Rebecca liam Hanson Address 9 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Oakley 0 (Yes, no, or unknwn) I (If yes give war or dates of service) enson Cambridge Md. 21/1-07-830 cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). MISET AND DEATH has been signed by t e as the burial-transit h prior to burial, crema PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last, (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate hather that the second se PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) detacher de Dept. MEDICAL (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While After Id be p.m. at work at work retained 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: /
age 3 should
iled with the 19 66, and that death occurred at 1 3 M. fpm the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a. SUSNATURE 22h. page ATTENDING DIRECTOR PHYS. M.D. 4 may TO HOSPITAL Page 4 may FUNERAL ADDRESS 22c. PHYSICIAN'S 22d. director, p NAME (Type) Dr. Albert E. Bunker Maryland 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. REMOVAL (Specify) Cambridge Cemetery Comer Sent. FUNERAL DIRECTOR Cambridge, Md. VR A15 (4) DATE 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1.	1. PLACE OF DEATH a. CDUNTY Dorchester MARYLAND				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Dorchester					
	write RURAL	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)  Cambridge		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cambridge				
3	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Cambridge Maryland Hospital				d. Street address 400 Henry Street  6. IS RESIDENCE ON A FARM? YES NO X					
3.	NAME DF DECEASED (Type or print)	CALV		Middle N.	WI	LLEY	4. DATE DF DEATH	Month Sept	ember	26, 19 66
5.	Male	6. CDLOR DR RACE	7. MARRIED WIDDWED	NEVER MARRIED DIVORCED		Dec. 16, 1		AGE (In years I last birthday) 53 yrs.	donths   D	YEAR IF UNDER 24 HRS ays Hours Min.
10 du	0a. USUAL OCCUPATION (Give kind of workdone uring most of working life, even if retired)  Mechanic  10b. KIND OF BUSINESS OR INDUSTRY Automotive			11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY? USA						
13	3. FATHER'S NAME Howard Willey				14. MOTHER'S MAII Carrie					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) Unknown Mrs. Calvin N. Willey, Cambridge, Marylar								Maryland	
2	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  (b)  DUE TO  (c)									
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO  20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)									
1	DR CONTRIBUTI	WAS UNDERLYING THE NG TO CAUSE OF DEATHER MEDICAL EXAMINATION OF THE NAME OF T	TH	DESCRIBE HOW INJURY	occu	KHED. (Enter nature o	i injury in Pai	rt I or Part II or	Item 18.)	
MEDICAL	20c. TIME DF I Hour a.m		Year 2Dd. White at wor	Not While		CE OF INJURY (Home, for ry, street, office bldg., e		City or town)	(Count	ty) (State)
	21. I certify that (I) (this hospital) attended the deceased from 4-25-66, 19, to 9-26-66, 19, that (I) (we) last saw the deceased glive on 9-26-66, 19, and that death occurred at 5:05% from the causes and on the date stated above.									
	22a. SIGNATURE   22b. DATE SIGNED   22b. DATE SIGNED   22b. DATE SIGNED   9-28-66									
	22c. PHYSICIA NAME (T)		. Bunk	er, M. B.		22d. ADDRESS 200 Md.	Ave.,Ca	mbridge,	Md.	21613
23	BURIAL, CREM BURIAL (Spe	Sept 28	HEREOF 1966	23c. NAME OF CEMI Dorchester		or CREMATORY		cation (city, toy		
2	4. FUNERAL DIRE LeCompte		rvice,	Cambridge,	Mai		OCT A	TRAR 25b. RE	-	SIGNATURE

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 20M 1/65

the section of the following property and the section of